The Missouri WIC program needs to including, but not limited to		•	
Retailer Name:	\	WIC Vendor Number:	
Select all that apply:			
☐ New Retailer	☐ Updated Contact/Email		☐ Updated Mailing Address/Phone
Main contact(s) for WIC information			
Name:	· ·	Email:	
Name:	I	Email:	
Please update if your mailing address has changed.  If the physical address of the store changed, please contact the WIC office at 573-751-6204.			
P.O. Box:	1	Phone Number:	
Mailing Address (if different than physical):			
City, State, Zip:			
Email information to: MOWICVendorGroup@health.mo.gov.			
Or mail completed form to: Missouri Department of Health and Senior Services WIC and Nutrition Services P.O. Box 570 Jefferson City, MO 65102-0570			

